

Michigan Department of Health and Human Services (MDHHS)
Office of Equity and Minority Health (OEMH)
Health Equity Council Commitment Form

Completion of this form indicates that you commit and agree to be an active participant of the multi-sector partnership team in collaboration with:

Name of Applicant Organization (Backbone Organization)

Health Equity Council Member Information

Name/Title:	
Organization:	
Address:	
Phone:	
Fax:	
Email:	
Racial/ Ethnic Population(s) Represented: (e.g., Black/African American, American Indian/Alaskan Native, Arab and Chaldean American, Asian American, and Pacific Islander, and Hispanic/Latino, etc.)	
Sector Represented (e.g., healthcare, non-profit, faith-based, tribal councils, education, community member, private business, etc.)	
What role will you play on the council?	
What do you hope to achieve as a member of the health equity council?	
What skills, professional/political context, experience, interest, and personal characteristics will you bring to the team?	
If applicable, please share the history of collaboration you have with the applicant organization.	
Please speak to the applicant as a convener and backbone agency for the health equity council.	

Signature (Individual Completing Form)

Date

Administrative Signature/Title

Date

Applicants must submit a minimum of three (3) copies of Health Equity Council Commitment Form with their initial request for funding application.